

# CERTIFICATE OF ASSUMED BUSINESS NAME

for individuals (sole proprietorships), firms, or partnerships  
engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

KIND OF BUSINESS: \_\_\_\_\_

PLACE OF BUSINESS: \_\_\_\_\_

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

*I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.*

\_\_\_\_\_  
Written Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Capacity of Signer

FORM PREPARED BY: \_\_\_\_\_

**IF THIS FORM HAS BEEN FAXED TO YOU, IT MUST BE COPIED ONTO  
REGULAR PAPER BEFORE FILING. THE COMPLETED FORM MUST BE FILED IN  
THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A  
PLACE OF BUSINESS OR OFFICE IS LOCATED.**

Filed on \_\_\_\_\_, 20\_\_\_\_, Recorder